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NOTICE OF APPEAL FROM THE EXAMINER TO THE			Docket Number (Optional)		
BOARD OF PATENT APPEALS AND INTERFERENCE			Terablaze 4		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on		In re Application of			
		Chung K. Chin			
		Application Number		Filed	
		10/552,601		October 5, 2005	
Signature		For Method And Apparatus For Shared Multi-Bank			
Typed or printed name		Memory			
		Group Art Unit		Examiner	
		2476		Chuong T. Ho	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.					
The fee for this Notice of Appeal is (37 CFR 1.17(b))			\$ <u>540.00</u>		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee					
shown above is reduced by half, and the resulting fee is:					
A check in the	A check in the amount of the fee is enclosed.				
Payment by cre	Payment by credit card. Form PTO-2038 is attached.				
The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.					
any overpayme	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0762 . I have enclosed a duplicate copy of this sheet.				
A petition for ar	A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the					
applicant/inven	applicant/inventor.		Kerl Har		
See 37 CFR 3.7	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Signature		
✓ attorney or agent of record.			Kevin M. Mason		
attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).			Typed or printed name		
		who crostically community and a physician and appearance in		<u>January 21, 2011</u>	
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
□ *Total of	forms are submitted				